Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at http://www.epa.gov.

Region 2 has provided a FOIA Web site http://www.epa.gov/region02/foia/ with several online databases from which the environmental information can be retrieved.

• "Frequently FOIAed Files" Web site http://www.epa.gov/region02/foia/fff.htm covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at http://www.epa.gov/region02/cleanup/sites/

EPA- Headouarters

- Envirofacts Data Warehouse Web site http://www.epa.gov/enviro/index.html is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- "My Environment" Web site http://www.epa.gov/myenvironment is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- The Enforcement and Compliance History Online (ECHO) Web site http://www.epa.gov/echo/ provides a list of all inspections and enforcement under most of the environmental statutes.
- Right-To-Know Network (RTK Net), a non-EPA Web site http://www.rtknet.org/ on-line query engine provides free access to numerous databases and resources on environment.
- National Biennial RCRA Hazardous Waste Report Web site http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm provides documents and data on hazardous waste reports.
- Conditionally Exempt Small Quantity Generators Web site http://www.epa.gov/osw/hazard/generation/cesqg.htm provides information on Conditionally Exempt Small Quantity Generators.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/20/94

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> : NYD982274540

FACILITY NAME -> SHARON CLEANERS

MAILING ADDRESS -> 845 7TH AVE

NEW YORK, NY 10019

INSTALLATION ADDRESS -> 845 7TH AVE

NEW YORK, NY 10019

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA **NEW YORK, NEW YORK 10278**

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH **RCRA NOTIFICATIONS**

YI, YONG TO: MGR SHARON CLEANERS 845 7TH AVE NEW YORK, NY 10019 PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. <u>THE ATTACHED</u>

<u>COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE</u>

CERTIFICATION SECTION

	/ /
Date: <u>#</u>	8/94
Facility Na	me: Maron Claness
YOUR NO NOT PRO	OTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS CESSED DUE TO THE FOLLOWING:
I)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
П)	Name of Installation is incomplete.
III)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
IV)	Installation Mailing Address is incomplete.
v)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
VI)	Installation Contact Address is Incomplete.
VII)	Ownership information is incomplete.
VIII)	Type of Regulated Waste Activity Hazardous Waste: 1 Generator status is incomplete.
form you	2 Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
form you submitted is absolute, please the pull but the new ports —	3 Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
new pontin -	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
X)	Certification is insufficient. Please provide an <u>original</u> signature in the Certification section. Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the COMMENTS SECTION (Part XI) of the form, or in a separate letter. Please resign the form with an original signature in the Certification area. FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY. XII) Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission. Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location o Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number. The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number. The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as	YI)	is the existing EPA Identification
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List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form. The above named installation is the previous operator at this location.		
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owner or previous business owner and complete Part VII D of your form. The above named installation is the previous operator at this location.		
		owner or previous business owner and complete Part VII D of your form.
	• •	
Other. Please explain.		The above named installation is the previous operator at this location.
		Other. Please explain.

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Due to a Reorganization of the Permits Administration Branch use the following Mailing Address for the EPA Form 8700-12, Notification of Hazardous Waste Activity

Please use <u>black ink</u> when filling out the notification form and ensure that you sign and date the certification block at the bottom of page 2. Retain one copy for your records. Mail your completed notification form to the following address:

US EPA REGION II
Air & Waste Management Division
Attn: RCRA Notifications
26 Federal Plaza, Room 505 (J.HOYT)
New York, New York 10278

EPA IDENTIFICATION NUMBER ASSIGNMENT STATUS

Upon receipt of your application by this Agency, your form will be processed and you will be notified by mail within 4-6 weeks. Should you require your ID number prior to receipt of the computer generated acknowledgement, please allow a minimum of 13 business days before calling (212) 264-9883 for a verbal confirmation.

ONE TIME CLEAN-UP

In the event of a one time clean-up, EPA assigns a permanent EPA ID number. After you have disposed of your hazardous waste, you should write a letter to your state environmental protection department, with a copy to our office, requesting that your permanent EPA ID number be delisted:

New Jersey:	New York:
Bureau of Manifest & Info Systems New Jersey Dept of Environmental Protection and Energy Hazardous Waste Regulation Program 401 E. State Street, CN-421 Trenton, New Jersey 08625-0421	New York State Department of Environmental Conservation Division of Solid & Hazardous Waste Manifest Section P.O. Box 12820 Albany, New York 12212

STATE REGULATED WASTE CODES

If you are notifying because you handle state regulated waste not listed in the enclosed instruction packet, please use the following codes for Description of Regulated Wastes.

X001 = Waste Oils

X002 = Polychlorinated Biphenols (PCBs)

X003 = Other State Regulated Wastes (i.e., diesel fuel, gasoline & home heating oil)

Prease refer to the Instructions for Filling Natification before completing this form. The Information requested here is required by law (Section 3010



Notification of Regulated Waste

(For Official Use Only)

-2 AMII: 47

of the Resource Conservation	nmental Protection Agency
3. Installation's EPA ID Number (Mark 'X' in the appropriate b	O(1)
A. First Notification B. Subsequent Notification (complete item C)	**************************************
11. Name of Installation (Include company and specific site n.	ame)
SHARON CLEANERS	
III. Location of Installation (Physical address not P.O. Box or	Route Number)
Street BUILDING # OR LOCATION & DI	VECTION TO NEAREST CROSS STREET
81951 / AVENUEL	
Street (continued)	
City or Town	Stale ZIP Code
NOIS VORICE	MY 100 (19-
County Code County Name	
USIA NOW MORIA III	
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	
SHEET OF P.O. BOX	
City or Town	State 2 ZIP Code
1. Y. Installation Contact (Person to be contacted regarding y	waste activities at alte.
Y. Installation Contact (Person to be contacted regarding v	
V. Installation Contact (Person to be contacted regarding v	raste activities at alte) ((IIrst)
Name (last)	(flirst)
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Name (last) VONG YI Job Thie	(flirst)
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Name (last) V O N G Y I Job Thie W. Installation Contact Address (See Instructions)	(first) Phone Number (area code and number) 21258270919
Name (last) VONG Job Thile VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing VI. Street or P.O. Box	(first) Phone Number (area code and number) 212582,0919
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Name (last) VONG Job Thile VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing VI. Street or P.O. Box	(first) Phone Number (area code and number) 212582,0919
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Name (last) Vi. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Mailing City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner	Phone Number (area code and number) 212582,0919 ENVE Stale ZIP Code NY 10019-
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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate box	es. Reler to in		uel Activities	
A. Hazardous Waste Activity	•	Later Air Control	Administrative or a second	
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 bs.) b. 100 to 1000 kg/mo (220 - 2,200 bs.) c. Less than 100 kg/mo (220 bs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rait 2. Rait 3. Traster, Storer, Disportations 4. Hazardous Waste Fue 5. Generator Marketh 6. Cther Marketh 7. Eolier and/or Indicate Delay 9. Eolier and/or Indicate Delay 1. Smelter Delay 1. Air Indicate Type of Control 2. Rait 2. Indicate Type of Control 3. Highway 4. Water 1. Utility Boile 2. Industrial E	emit is required structions: el ing to Burner strial Furnace Hernal hitty Exemption Combustion et Soller	a. Gen b. Oth b. Oth l. Burn lyp l. 3 l. 2 l. 5pecifi (or On Chairns	edification Used Oil erator Marketing to er Marketer her - Indicate device of Combustion D Lifting Boiler Industrial Boiler Industrial Furna Cation Used Oil Furnation	Burner e(s) — e(s) — evice ce el Marke
5. Other - specity	04.Y. Y 1.333372192		·	
5. Underground Injection	on Control		}	<i>3</i>)
we was assurable to the		-4-54e3	len len erre	2572
IX. Description of Regulated Wastes (Use additional sheets if necess	ary)			1
wastes your installation handles. (See 40 CFR Paris 261.20 - 261.24) 4. Toxicity 1. Lightsiae 2. Comosive 3. Reactive Characteristic (D001) (D002) (D003) (D000) (D001) (D002) (D003)				
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you	need to list mor	e than 12 waste co	odes.) #####	nary)
1 2 3 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		j 1		
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. num	mber. See instru	ctions.)		9×40.iii
			6	· · · · · · · · · · · · · · · · · · ·
			-	. 400,000
X. Certification		de la companya de la		
				ريدين. الماني
I certify under penalty of law that this document and all attachments accordance with a system designed to assure that qualified person submitted. Based on my inquiry of the person or persons who manage gathering the information, the information submitted is, to the becomplete. I am aware that there are significant penalties for submitting imprisonment for knowing violations.	onnel properly e the system, o st of my know gfalse informa	y gather and e rthose persons rledge and bel tion, including t	valuate the info s directly respon- lief, true, accura	rmatio sible f ste, ar
Signature SRIGINAL Name and Official Title (type		· Date :	Signed 10 194	
XI. Comments			Carry Carry	
		•	· · · · · ·	
		•	(*)	
	•			

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Page 1997). United States Environmental Protection Agency Washington, DC 20460 **Notification of Hazardous Waste Activity** and Recovery, Act). For Official Use Only Comments C С **Date Received** Approved (yr. mo. day Installation's EPA ID Number C I. Name of Installation Installation Mailing Address Street or P.O. Box ZIP Code City or Town III. Location of Installation Street or Route Number C City or Town State **ZIP Code** IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) Ownership A. Name of Installation's Legal Owner. B. Type of Ownership (enter code) VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions., A. Hazardous Waste Activity **B. Used Oil Fuel Activities** 1a. Generator ☐ 1b. Less than 1,000 kg/mo. 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) 2. Transporter ☐ 3. Treater/Storer/Disposer a. Generator Marketing to Burner 4. Underground Injection ☐ b. Other Marketer 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) C. Burner 7. Specification Used Oil Fuel Marketer (or On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification ☐ b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) Z C. Highway A. Air B. Rail D. Water E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number

☐ B. Subsequent Notification (complete item C)

A. First Notification

					day.		ID - 1	For Official Use	e Only		
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. Descriptic	on of Ha	zardous Wast	tes (con	tinued from	200	. 14.					
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. Hazardous W	astes from	n Specific Source	es. Enter	the four-digit r	number fron	n 40 <i>CFR</i> Par	rt 261.32 f	or each listed h	nazardous v	waste from	n (se)
specific source	ces your ins	stallation handle	s. Use add	litional sheets	if necessar	у.					
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your installation	on handles	Product Hazardo s which may be a	a hazardou	s. Enter the loss is waste. Use a	ur-aigh nui idditional sl	neets if nece	Ssary.	261.33 for each	n chemicai	substance	e
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Listed Infection pitals, or medi	ous Waster	s. Enter the four search laboratori	-digit num ies your in	ber from 40 Clustallation hand	FR Part 261 dles. Use ac	.34 for each	hazardous ets if neces	s waste from ho	spitals, ver	terinary h	os-
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your installatio	on nandies.	. (See 40 CFR Pa	orts 261.21	1 — 261.24)	DOACS CO	Sponding .c	Lile Onora-	Aeristics of fic	listeu naza	raous was	ร์โซอ
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EPA Form 8700-12 (Rev. 11-85) Reverse

United States Environmental Protection Agency Washington, DC 20460 PEPA Notification of Hazardous Waste Activity	this form	tification The info	he Instruct before con prination re by law purce Cons	npleting quested (Section
For Official Use Only				
C Comments	1 1 1 1 1 1 1	ZARD	JUS WA	51FI
C	171	UGKAN	IS BRAI	ICH
Date Reco	eived day)			
Installation's EPA ID Number Approved (yr. mo.	day			
FNU114822+4540 1				9
I. Name of Installation				
Sharon CLNR				
II. Installation Mailing Address	and the morning	مالاحرسطوا وسند	alle ith ear	in the second
Street or P.O. Box				
3845 77H AVE				
City or Town	Si	tate	ZIP Co	de
C N e 12 V G C IV	61	VI	00	19
III. Location of Installation			00	
Street or Route Number				
SAME AS ABOVE				
City or Town	Si	tate	ZIP Co	ode
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IV. Installation Contact	,			
	one Numbe	r (area co	de and nu	mber)
CVT VOXIF MONGANZO	2	5 2	00	, a
V. Ownership	25	50	09	/ /
A. Name of Installation's Legal Owner.	В. Тур	e of Own	ership <i>(ent</i>	er code)
CYONGYT				
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to in	estruction	cl	TRANSFE	928/6
	Oil Fuel Ac			
1a. Generator	Oil Fuel			
2. Transporter (enter 'X' and mark appr				
□ 3. Treater/Storer/Disposer □ a. Generator Mark □ 4. Underground Injection □ b. Other Marketer	eting to Bur	ner		
5. Market or Burn Hazardous Waste Fuel				
(enter 'X' and mark appropriate boxes below) □ c. Burner □ c. Bur	ual Markata	r (or On	rita Burna	
b. Other Marketer Who First Claims the Oi	Meets the	Specifica	tion	
C. Burner				
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of	dicate type o	of combus devices.	stion devic	e(s) in
	Industrial F			
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(e	s)			
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)				
IX. First or Subsequent Notification		THE REAL PROPERTY.		Na Wa
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazar notification. If this is not your first notification, enter your installation's EPA ID Number in the space provi	dous waste ded below.	activity o	or a subse	quent
	nstallation's	EPA ID I	Number	
A. First Notification B. Subsequent Notification (complete item C)				

				O — For Official Use On	ly
			CW		T/A
. Description of F	lazardous Wastes (cor	ntinued from from			
. Hazardous Wastes fr	rom Nonspecific Sources. I	nter the four-digit nu	mber from 40 CFR Part	261.31 for each listed h	azardous waste
1	2	3	4	5	6
Do 39	FOOZ				
.7	8	9	10	11	12
lazardous Wastes fr specific sources your	rom Specific Sources. Enter installation handles. Use ad	the four-digit numbe	r from 40 CFR Part 261 essary.	.32 for each listed hazard	dous waste from
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19	20	21	22	23	24
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isted Infectious Was itals, or medical and	stes. Enter the four-digit nur research laboratories your i	mber from 40 CFR Par nstallation handles. U	t 261.34 for each hazar se additional sheets if n	dous waste from hospital ecessary.	ils, veterinary hos-
49	50	51	52	53	54
haracteristics of Nor	nlisted Hazardous Wastes. es. (See 40 CFR Parts 261.2	Mark 'X' in the boxes	corresponding to the ch	aracteristics of nonlisted	hazardous wastes
1. Ignitabl		. Corrosive	☐ 3. Reactiv	/e	4. Toxic
Certification		(10002)	(D003)		(D000)
l certify under per this and all attack obtaining the info	nalty of law that I have hed documents, and th irmation, I believe that t ant penalties for submi	at based on my in the submitted info	nquiry of those indi ermation is true, acc	ividuals immediately	responsible for
nature			ial Title (type or print)		Signed

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. <u>THE ATTACHED</u> COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.

Date: $\frac{7/8}{2}$	91
Facility Name:	Maion Cleaners
	FICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS SSED DUE TO THE FOLLOWING:
1)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
II)	Name of Installation is incomplete.
III)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
IV)	Installation Mailing Address is incomplete.
, V)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
VI)	Installation Contact Address is Incomplete.
VII)	Ownership information is incomplete.
VIII)	Type of Regulated Waste Activity Hazardous Waste: 1 Generator status is incomplete.
form you	2 Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
form you parted is obsolele, please the pull but the new partin-	3 Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
new portion -	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
X)	Certification is insufficient. Please provide an <u>original</u> signature in the Certification section. Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification. (over,)

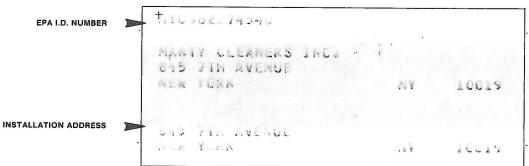
(I	is the existing EPA Identification
N	umber for your company, at the location you have specified. To update
in	formation previously provided, please resubmit your form as a Subsequent
	otification. Enter the previously assigned ID No. on the form in the
	ppropriate block and attach a brief explanation of the changes in the
	OMMENTS SECTION (Part XI) of the form, or in a separate letter. Please re-
	ign the form with an original signature in the Certification area. FAILURE TO
20.	ROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT
	N MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN
	NTERESTED PARTY.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I) P	lease use the enclosed, current Notification of Regulated Waste Activity (EPA
,	form 8700-12) for your submission.
	51m 57 55 227 252 3551 3551 3551 3551 3551 3551 3551
I) C	Our records indicate that an EPA ID No. has already been assigned to an other
	acility at the same address which you have provided as your Location of
	nstallation. Please indicate, in the appropriate space(s) below, your facility's
	elationship to
_	
_	The above named installation is in the same building/complex.
	Please provide a more detailed address for your facility under Location of
	Installation on the form. A more specific address would include a street
	number, cross street, room/suite number, floor number, section number,
	block/lot number, mile post marker, N, S, E, or W wing, box no. at the
	site (NOT a PO Box), or a rural delivery number.
·	The above named installation is the current owner of the property.
	List the property owner's name and address in the comments section
	(Part XI) of your form and note them as the property owner. Please
	provide a detailed address for the property owner on the form. This
	should include a street number, cross street, room/suite number, floor
	number, section number, block/lot number, mile post marker, N, S, E, or
	W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	The above named installation is registered as the previous owner of the
·	property or prior business.
	List the above named company's name and address in the comments
	section (Part XI) of your form and note them as the previous property
	owner or previous business owner and complete Part VII D of your form.
	== Provides outside and complete rate vil b of your roll.
	The above named installation is the previous operator at this location.
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-	Other. Please explain.
-	Other. Please explain.
-	Other. Please explain.
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_	Other. Please explain.
-	Other. Please explain.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

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United States Environmental Protection Agency Washington, DC 20460

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Activity)

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X. Description of Haza A. Hazardous Wastes from N	Vonspecific Sources	. Enter the four-digit nun	nber from 40 CFR Part	the state of the s	nazardous waste
from nonspecific sources y	our installation hand	dles. Use additional sheet	s if necessary.		—————————————————————————————————————
1	2	3	4	5	6
R002					
7	8	9	10	11	12
B. Hazardous Wastes from S	Specific Sources En	tor the four digit number	from 40 CEP Post 261	32 for each listed have	erdous viscos from
specific sources your insta	allation handles. Use	additional sheets if nece	ssary.	32 for each listed flaza	idous waste irom
13	14	15	16	17	18
19	20	21	22	23	24
					:
25	26	27	28	29	30
C. Commercial Chemical Pro	oduct Hazardous Wa	estes. Enter the four-digit	number from 40 CFR I	Part 261 33 for each ch	nemical substance
your installation handles v	vhich may be a hazar	dous waste. Use addition	al sheets if necessary.	art 201.30 for each cr	leillicai substatice
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
2 1 2 6					
D. Listed Infectious Wastes.	Enter the four-digit r	number from 40 CFR Part	261.34 for each hazar	dous waste from hospi	tals, veterinary hos-
pitals, or medical and rese	arch laboratories you	ır installation handles. Us	se additional sheets if n	ecessary.	, , , , , ,
49	50	51	52	53	54
E. Characteristics of Nonlist	ed Hazardous Waste	s. Mark 'X' in the boxes	corresponding to the ch	aracteristics of nonlist	ed hazardous wastes
your instantation nationes.	See 40 CFR Parts 26	1.21 — 201.24)			
☐ 1. Ignitable (D001)	Madigal and motion of	2. Corrosive	3. Reactive (D003)	/e	4. Toxic (D000)
XI. Certification				AND DESCRIPTION	KARA MARKANINA
l certify under penal this and all attached obtaining the inform there are significant	documents, and ation, I believe tha	that based on my in at the submitted info	nquiry of those indi rmation is true, acc	ividuals immediate	ely responsible for
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EPA Form 8700-12 (Rev. 1	1-85) Reverse		186		0 1/1 0 1

RCRARep Handler Detail Report

Report run on: January 2, 2015 3:06 PM

Facility Information

ID / Dist Name / Location Address ...

County

Regulated Activity

NYD982274540 SHARON CLEANERS

NYSDEC R2 845 7TH AVE

NEW YORK NY 10019-5229

NEW YORK

Other State Interests

-State Not a generator, Verified

Sources Overwritten Prior to 2001 (before RCRA kept history for activity/address/contact)

01/01/07 I State/EPA

01/01/06 I State/EPA

07/08/99 I State/EPA

06/02/94 N Notification

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)
Activity Location

Handler Module Data for NY State only

Location Address

01/01/07 State/EPA

845 7TH AVE

NEW YORK

(NY061)

NEW YORK, NY 100195229 State District: NYSDEC R2

Land Type: ()

Mailing Address

01/01/07 State/EPA

845 7TH AVE

NEW YORK, NY 10019

Contact

06/02/94 Notification

YONG YI

845 7TH AVE

NEW YORK, NY 10019 Phone: (212)582-0919

Legal Owner/Operator of Site

01/01/07 State/EPA

Current Owner from -

YONG YI

845 7TH AVE

OID /III AVE

NEW YORK, NY 10019 Phone: (212)582-0919

Notes: This record created to coincide with EPA Mass Update for 01/

(Private)

01/2007 on Rundate: 06/11/2008

Regulated Hazardous Waste Activities

01/01/07 State/EPA

Federal Not a Generator

01/01/06 State/EPA

Federal Not a Generator

07/08/99 State/EPA

Federal Not a Generator

RCRARep Handler Detail Report

Report run on: January 2, 2015 3:06 PM

NYD982274540

Regulated Hazardous Waste Activities

06/02/94 Notification

Federal Small Quantity Generator

Waste Codes

06/02/94 Notification

F002

THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CH LORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRIC HLORO-1,2,2-TRIFLUOROETHANE, ORTHO-DICHLOROBENZENE, TRICHLOROFLUOROMETHANE, AND 1,1,2, TRICHLOROETHANE; ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, A TOTAL OF TEN PERCENT OR MORE (BY VOLUME) OF ONE OR MORE OF TH E ABOVE HALOGENATED SOLVENTS OR THOSE SOLVENTS LISTED IN F001, F004, AND F0 05; AND STILL BOTTOMS FROM THE RECOVERY OF THESE SPENT SOLVENTS AND SPENT S OLVENT MIXTURES.

Certification

01/01/07 State/EPA

BRS-MANIFEST MASS UPDATE

Signed: 01/01/07

01/01/06 State/EPA

BRS CYCLES 2001 2003 2005 BRS 2001 2003 2005

Signed: 01/01/06

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 2, 2015 - 2:49 PM Version 5.0

User Selection Criteria

Location:

New York, all activities

Activity Location:

None Chosen

Handler ID:

NYD982274540

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 01/02/2015

Location County Code: None Chosen

Evaluation Type:

Location City:

Focus Area:

Location Zip Code:

Violation Type:

State District:

None Chosen

Display Code Descrip.: Yes

Sort Order:

Region, State, Handler Name

Display Universes:

Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4

Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed:

June 2006

Last Updated: Contact:

May 2012

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups

Libraries:

none

Report run on: January 2, 2015 - 2:49 PM

SHARON CLEANERS		County	/ Name / Code: NEW	YORK / NY061		NYD982274540
Location: 845 7TH AVE; NEW YORK,						REGION 02
Mailing: 845 7TH AVE; NEW YORK,	NY 10019					
Activity Location: NY	State District: NYSDEC R2	Accessibility:	No	n-Notifier:	Extract Flag:	Y Active Site: N
Generator: N Short-Term Gen: N Full Enforcement: CA Wrkld: N Active State Gen: N	Transporter: N Transfer Facility: N Converter: State TSDF:	Operating TSDF: Offsite Receiver: State Unaddress State Addressed State SNC w/Cor	N ed SNC: N SNC: N	IC In Place: HSM: EPA Unaddressed SNC: EPA Addressed SNC: EPA SNC w/Comp Schei	N N N	EI Indicator (HE / GW)N / N Subpart K:
	**	Determined Date: 05/22/20 tual Compliance Date: 09/0 Citation 371.1(f) By: State		ed by Agency: State RTC Qualifier: DOCUME Person: NYCVR		onsible Agency: State Sequence Number: 1 Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle 0	C: NO Day Zero:	05/22/2006	Focus Area:
Enforcement: Activity Location Docket: CA Component: N	· · · · · · · · · · · · · · · · · · ·	e: 120 gency: State	Action Date: 06/19 Responsible Appeal Ir	Person: NYCVR	Identifier: 00 ⁻ Branch: R ² A	
Evaluations With No Violations:	OPPOSED CONTROL THE CONTROL OF THE C	MONTH (MEMBERSHAM) METONICAL SERVICE CONTRACTOR CONTRAC	OPPOLICEMENT CONTROL STOCKER, LEGISLATION OF THE STOCKER BROAD PROPERTY CARRIES AND A SHAPE AND A SHAPE AND A	and more rest to be an included an included a service of the control of the contr	Maddellist as 22 has an inc. of an introduction on a status common pages	1905.00° MCH. 50° 50° 776° 70° 64° 64° 64° 64° 1111 MH. ATMATHA I THEORET I MANAGERIA A AND AND AND AND AND AND AND AND AND
CEI Evaluation 03/31/1992 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 000 Not Subtitle C	Person: NYHHN Day Zero:	Branch: R2	Found Violation: NO Focus Area:
Total Number of Handlers:	1	The second	/			4444

^{*} End of Report *

Total Number of Activity Locations:

^{*} Note: Penalty amount may not reflect all violations cited.

Report run on: January 2, 2015 - 2:49 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ("Y" indicates that the facility is in this universe).

^{*} Note: Penalty amount may not reflect all violations cited.

Page 4

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 2, 2015 - 2:49 PM

Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIE is suspected of	R - indicates that the handler has been identified through a source other than Notification and of conducting RCRA-regulated activities without proper authority:
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
0	indicates that the handler is a former non-notifier.
Х	indicates that the handler is a non-notifier.

Violation Type	Description		
261.A	LISTING - GENERAL		

Evaluation Type	Type Description	
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE	

Enforcement Type	Enforcement Description	
120	WRITTEN INFORMAL	

^{*} Note: Penalty amount may not reflect all violations cited.